



TEAM CAPTAIN DETAILS FORM

This form should be returned to the Match Secretary no later than the Rules EGM before the season starts.

TEAM NAME:

CAPTAIN

NAME: _____

HOME TEL: _____

ADDRESS: _____

MOBILE: _____

E-MAIL: _____

VICE CAPTAIN

NAME: _____

HOME TEL: _____

ADDRESS: _____

MOBILE: _____

E-MAIL: _____
